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## BIB DATA SHEET

CONFIRMATION NO. 2559

<b>SERIAL NUMBER</b> 10/575,745	<b>FILING or 371(c) DATE</b> 04/09/2007 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> BYG-101		
<b>APPLICANTS</b> Yigal M. Pinto, Cadier en Keer, NETHERLANDS; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP2004/010879 09/27/2004 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 03078161.1 10/09/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/12/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/GARY W COUNTS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> GOODWIN PROCTER LLP PATENT ADMINISTRATOR 53 STATE STREET EXCHANGE PLACE BOSTON, MA 02109-2881 UNITED STATES						
<b>TITLE</b> Method For Identifying a Subject at Risk of Developing Heart Failure by Determining the Level of Galectin-3 or Thrombospondin-2						
<b>FILING FEE RECEIVED</b> 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			